PART B - FEE(S) TRANSMITTAL

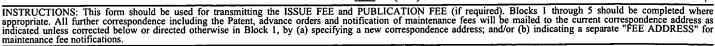
Complete and send this form, together with applicable fee(s), to: Mail

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Mail Stop ISSUE FEE **Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450



(571) 273-2885



CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 40575 7590 12/28/2005 OLDS, MAIER & RICHARDSON, PLLC PO BOX 20245 ALEXANDRIA, VA 22320-1245				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. (Depositor's name)									
									\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	- Jan			(Signature)
									CACCETERA	PEMARE			(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED	INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.							
10/689,174	10/20/2003	Roger Strickl		ickland	2979	. 2714							
TITLE OF INVENTION: N	IASAL CANNULA		J										
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE							
nonprovisional	YES	\$700		\$300	\$1000	03/28/2006							
EXAMINER		ART UNIT		CLASS-SUBCLASS	7								
MITCHELL, TEENA KAY		3743		128-207180									
				 .	lint - / J A								
1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys													
Change of correspondence address (or Change of Correspondence or agents OR				R, alternatively,	a, alternatively,								
"Fee Address" indication (or "Fee Address" Indication form registered atto				e of a single firm (having as ttorney or agent) and the na	mes of up to								
PTO/SB/47; Rev 03-02 Number is required.	e of a Customer 2 registered listed, no na		patent attorneys or agents. I ame will be printed.	f no name is 3									
3. ASSIGNEE NAME AND	RESIDENCE DATA TO E	BE PRINTED ON T	THE PATENT	(print or type)									
PLEASE NOTE: Unless recordation as set forth in	s an assignee is identified be a 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will appea T a substitute fo	ar on the patent. If an assignment,	mee is identified below, the clude NBEYENE2 666600070	locument has been filed for 19689174							
(A) NAME OF ASSIGNEE (B) RESIDENCE				E: (CITY and STATE OR CO	OUNTRY)	309.80 OP							
Inno Med Technologies, Inc. Cocon			Coconu	Creek, if the	1989 2581	700.00 OP							
Please check the appropriate	e assignee category or catego	ories (will not be pr	inted on the pa	tent): 🔲 Individual 🚨	Corporation or other private gr	oup entity Government							
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):													
				check in the amount of the fee(s) is enclosed.									
			_ ′	☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to									
☐ Advance Order - # or	f Copies		Deposit Accor	unt Number	(enclose an extra c	copy of this form).							
5. Change in Entity Status 2 a. Applicant claims S	(from status indicated above MALL ENTITY status. See		☐ b. Applica	nt is no longer claiming SMA	ALL ENTITY status. See 37 C	EFR 1.27(g)(2).							
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the reco	is requested to apply the Iss bublication Fee (if required) ords of the United States Pat	ue Fee and Publica will not be accepted ent and Trademark	tion Fee (if any d from anyone Office.) or to re-apply any previous other than the applicant; a re	sly paid issue fee to the applic gistered attorney or agent; or t	ation identified above. he assignee or other party in							
Authorized Signature TM TM				Date 3/27/06									
Typed or printed name Timothy J. Majer Reg. No 51,986				n No. <u>51, 986</u>									
This collection of informatic an application. Confidential submitting the completed ap this form and/or suggestions Box 1450, Alexandria, Virg Alexandria, Virginia 22313	on is required by 37 CFR 1.3 ity is governed by 35 U.S.C pplication form to the USPTs for reducing this burden, slinia 22313-1450. DO NOT 1450.	11. The information 122 and 37 CFR O. Time will vary thould be sent to the SEND FEES OR C	on is required to 1.14. This colled depending upon the Chief Information COMPLETED	o obtain or retain a benefit by ection is estimated to take 12 on the individual case. Any o ation Officer, U.S. Patent and FORMS TO THIS ADDRES	the public which is to file (and minutes to complete, includic comments on the amount of tid d Trademark Office, U.S. Dep. SS. SEND TO: Commissioner	d by the USPTO to process) ng gathering, preparing, and me you require to complete vartment of Commerce, P.O. for Patents, P.O. Box 1450,							

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.